

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE**APPLICANT INFORMATION**

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION	HIRING DEPARTMENT		

CONTACT INFORMATION



NAME	TITLE
LOCATION	TELEPHONE

LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE 	DATE

APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

- ☐ I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- ☐ I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- ☐ I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- ☐ I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGEMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (Print or type)

APPLICANT'S SIGNATURE

DATE

